

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155687		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/17/2013	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MUNCIE				STREET ADDRESS, CITY, STATE, ZIP CODE 2701 LYN-MAR DR MUNCIE, IN 47304			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the PSR (Post Survey Revisit) to the Investigation of Complaints IN00132279 and IN00133956 completed on 8/7/13.</p> <p>This visit was done in conjunction with a PSR to the Investigation of Complaint IN00134594 completed on 8/26/13 & 8/27/13.</p> <p>Complaint IN00132279 - Corrected. Complaint IN00133956 - Corrected.</p> <p>Survey dates: 9/16-9/17/13</p> <p>Facility number: 000097 Provider number: 155687 AIM number: 100290970</p> <p>Survey team: Shelley Reed, RN</p> <p>Census bed type: SNF/NF: 104 Total: 104</p> <p>Census payor type: Medicare: 9 Medicaid: 79 Other: 16 Total: 104</p> <p>Sample: 7</p> <p>Golden Living Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC in regard to the PSR to the Investigation of Complaints IN00132279 and IN00133956.</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 Quality review completed by Debora Barth, RN.	{F 000}			